

CLAIMS ONLY							Application Number <i>1641374</i>	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1								
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47								
48								
49								
50								
Total Indep			3					
Total Depend			23					
Total Claims			26					